

CLAIMANT'S NAME Renee Zito		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT ADP	
POSITION Director		CB/D No.		DIVISION or BUREAU Office of the Director	
RESIDENCE ADDRESS* [REDACTED]		HEADQUARTERS ADDRESS 1700 K Street		INDEX NUMBER 3340/53064	
CITY Sacramento		STATE CA		ZIP CODE [REDACTED]	
CITY Sacramento		STATE CA		ZIP CODE 95811	

(1) NORMAL WORK HOURS 8:00 -5:00	(2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]	(3) MILEAGE RATE CLAIMED 0.550
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(4) MONTH/YEAR		(8) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION					(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
(5)				BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES	AMOUNT		
DATE	TIME													
1	0600 0800	Sacramento/SMF						PC	2.00	40.00	22.00		24.00	
2	0600	Sacto./Washington DC	224.87	6.00	10.00	18.00		T	65.00		0.00	15.00	338.87	
3	1700	Washington DC		6.00	10.00		6.00	T	48.00		0.00		70.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
(13)	SUBTOTALS		224.87	12.00	20.00	18.00	6.00	0.00		115.00	40.00	22.00	432.87	

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL

\$432.87

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

March 1-3, 2009 - Attended Integrating Services, Integrating Research for Co-Occurring Conditions: A New for New Views and Action, Washington, DC (Conference).  
March 1 - traveled to airport and flight was cancelled.  
March 2 - \$15.00 fee for luggage. \$65.00 taxi from airport to hotel.  
March 3 - \$48.00 fee for taxi to new hotel.  
(Airfare \$469.20 was billed to ADP, but \$234.60 will be paid back by Renee from NASADAD)

AGENCY ACCOUNTING OFFICE  
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT SIGNATURE [REDACTED]	DATE 03/18/09	AGENCY SIGNATURE [REDACTED]	DATE 3/19/09
(17) SPECIAL EXPENSE AUTHORIZATION SIGNATURE [REDACTED]	(18) SPECIAL EXPENSE AUTHORIZATION SIGNATURE [REDACTED]		DATE 3/20/09

CLAIMANT'S NAME Renee Zito			SSN or EMPLOYEE NUMBER [REDACTED]		DEPARTMENT ADP
FUNCTION Director		CB/ID No.	DIVISION or BUREAU Office of the Director		INDEX NUMBER 1500/33036
RESIDENCE ADDRESS [REDACTED]			HEADQUARTERS ADDRESS 1700 K Street		TELEPHONE NUMBER 445-1943
CITY Sacramento	STATE CA	ZIP CODE 95831	CITY Sacramento	STATE CA	ZIP CODE 95811

(1) NORMAL WORK HOURS  
8:00 -5:00

(2) PRIVATE VEHICLE LICENSE NUMBER  
[REDACTED]

(3) MILEAGE RATE CLAIMED  
0.550

(4) MONTH/YEAR		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7)  LODGING	(8) MEALS			(9)  INCIDENTALS	(10) TRANSPORTATION					(11)  BUSINESS EXPENSE	(12)  TOTAL EXPENSES FOR DAY
(5)				BREAK-FAST	LUNCH	O.T., LT, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
DATE	TIME										MILES	AMOUNT		
8	1500	Sacramento/Napa	94.13			18.00			PC		141.00	77.55		189.68
9	1600	Napa/Sacramento		6.00	10.00		6.00					0.00		22.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
(13) SUBTOTALS			94.13	6.00	10.00	18.00	6.00	0.00		0.00	141.00	77.55	0.00	211.68

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL

\$211.68

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

March 8-9, 2009: Attended Tenth California Prevention Summit, Napa Valley Marriott Hotel and Spa, Napa, California. (Renee was opening speaker).

AGENCY ACCOUNTING OFFICE  
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT [REDACTED]	DATE 3/18/09	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 3/19/09
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(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE



CLAIMANT'S NAME

Renee Zito

POSITION

Director

CB/D No.

DIVISION or BUREAU

Office of the Director

DEPARTMENT

ADP

INDEX NUMBER

1500/33036

RESIDENCE ADDRESS \*

HEADQUARTERS ADDRESS

1700 K Street

TELEPHONE NUMBER

445-1943

CITY

STATE

ZIP CODE

Sacramento

CA

95831

CITY

Sacramento

STATE

CA

ZIP CODE

95811

(1) NORMAL WORK HOURS

8:00 -5:00

(2) PRIVATE VEHICLE LICENSE NUMBER

(3) MILEAGE RATE CLAIMED

0.550

(4) MONTH/YEAR

Mar 2009

(6)

LOCATION  
WHERE EXPENSES  
WERE INCURRED

(7)

LOGGING

(8)

MEALS

BREAK-  
FAST

LUNCH

O.T., L.T.,  
N/C, RELO.  
OR  
DINNER

INCIDENTALS

(9)

(10)

TRANSPORTATION

(A)  
COST OF  
TRANS.

(B)  
TYPE  
USED

(C)  
CARFARE,  
TOLLS,  
PARKING

(D)  
PRIVATE CAR USE  
MILES AMOUNT

(11)

BUSINESS  
EXPENSE

(12)

TOTAL  
EXPENSES  
FOR DAY

(5)  
DATE TIME

12 0730  
1030

Sacramento

PC

8.50

0.00

8.50

0.00

0.00

16 0930  
1230

Sacramento

PC

10.00

5.50

5.50

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

(13)

SUBTOTALS

0.00

0.00

0.00

0.00

0.00

0.00

8.50

10.00

5.50

0.00

14.00

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL

\$14.00

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

March 12, 2009: Attended California Rural Health Policy Council Meeting. \$8.50 Parking Fee  
March 16, 2009: Attended CAARR Trainings - Speaker. Mileage claimed.

AGENCY ACCOUNTING OFFICE  
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

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CLAIMANT'S SIGNATURE

DATE

3/18/09

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

3/19/09

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE



[illegible]



CLAIMANT'S NAME

Renee Zito

SSN or EMPLOYEE NUMBER\*

DEPARTMENT

ADP

POSITION

Director

CB/ID No.

DIVISION or BUREAU

Office of the Director

INDEX NUMBER

1500/33036

RESIDENCE ADDRESS\*

HEADQUARTERS ADDRESS

1700 K Street

TELEPHONE NUMBER

445-1943

CITY

Sacramento

STATE

CA

ZIP CODE

95831

CITY

Sacramento

STATE

CA

ZIP CODE

95811

(1) NORMAL WORK HOURS

8:00 -5:00

(2) PRIVATE VEHICLE LICENSE NUMBER

(3) MILEAGE RATE CLAIMED

0.550

(4) MONTH/YEAR

Mar-Apr

(6) LOCATION  
WHERE EXPENSES  
WERE INCURRED

(7) LODGING

(8) MEALS

BREAK-FAST

LUNCH

O.T., L/T,  
N/C, RELO.  
OR  
DINNER

INCIDENTALS

(10) TRANSPORTATION

(A) COST OF TRANS.

(B) TYPE USED

(C) CARFARE, TOLLS, PARKING

(D) PRIVATE CAR USE

MILES

AMOUNT

(11) BUSINESS EXPENSE

(12) TOTAL EXPENSES FOR DAY

(5) DATE

TIME

30

1715

Sacramento/Long Beach

253.20

18.00

25.00

T

20.00

11.00

307.20

31

Long Beach

6.00

10.00

18.00

6.00

14.00

T

0.00

54.00

1

1930

Long Beach/Sacramento

6.00

10.00

18.00

6.00

29.00

T

34.00

20.00

11.00

114.00

(13)

SUBTOTALS

253.20

12.00

20.00

54.00

12.00

68.00

34.00

40.00

22.00

0.00

475.20

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL

\$475.20

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

March 30, 2009 - Travel to Long Beach

March 31-April 1, 2009 - Attended Co-Occurring Disorders Conference

April 1, 2009 - Facility Tour - Long Beach

AGENCY ACCOUNTING OFFICE  
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

(15)

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CLAIMANT'S

DATE

4/3/09

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

(17) SPECIAL/EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE